



SPOKANE COUNTY SHERIFF'S OFFICE
TRAINING ANNOUNCEMENT



Police Motorcycle Instructor School



DATE: May 9th – 25th, 2012 (excluding weekends)

LOCATION: **CLASSROOM ON DAY 1**
Spokane County Fire District 10 Fire Station
929 S. Garfield
Airway Heights, WA 99001

PRACTICAL PORTION
Spokane County Motorsports Park
750 N. Hayford Rd
Airway Heights, WA 99001

COST: **FREE**

DESCRIPTION:

This three-week course prepares the instructor candidate to teach the Basic Police Motorcycle School. The first week of the course familiarizes the student with set-up and instruction of the basic practical exercises and provides opportunities to be critics on instructional technique. We have overlapped Basic Police Motorcycle School with the second and third weeks of this instructor course to give instructor candidates hands-on experience teaching the exercises and working with actual students.

An equipment list will be sent to you with your confirmation to attend around 4 weeks prior. Please make sure you bring a dependable, department issued motorcycle to ride during the school.

REGISTRATION:

Students must register by **April 26th, 2012**. To register, please complete the attached registration form and return it to Deputy John Oliphant, SCSO Training Unit, 1100 W. Mallon, Spokane, WA 99260. Registrations can also be faxed to (509) 477-6975 or emailed to Deputy John Oliphant at jroliphant@spokanesherriff.org. Any questions can be directed to him at (509) 477-3211.



Spokane County Sheriff's Office – Training Unit

Revised 2/09

Application Form GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:			Agency:		
Agency Phone:		Agency Fax:		Applicant's Agency E-Mail Address: @	
Agency Mailing Address:		(Street or PO Box)		(City)	(Zip)

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

2. COURSE INFORMATION

Course Title:	Location of Course:
Course Date(s):	

3. MEALS AND LODGING

Meals and Lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency.

4. **MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION**

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

5. **APPLICANT PRIORITY (MANDATORY!)**

If submitting more than one application for this course, check the priority of **THIS** applicant:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. **TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)**

@

Confirmation is sent via email, please make sure this section is complete.

7. AUTHORIZATION

Agency Representative Authorizing Attendance:

Name

Signature

Title

Date

For SCSO Use Only

Return completed application form to: Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to roliphant@spokanesherriff.org. For more information regarding the application process, please call (509) 477-3211.